



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

# D4017-9 Job Sheet 189025



Part No: D4017-9

Job Qty: 6 pcs

Part Name: Rib



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/17/19

Job Tracking No:

Due Date: 2/15/19

Created By: Dara Macdonald

Type: Stock

Description:

**Note:** DWG REV F SHEET 6 IPP RevA: new issue DD 09.11.26 verified by:EC IPP Rev:B as per dwg RevA DD 10.03.06 verified by:EC IPP Rev:C as per dwg RevB DD 10.04.16 verified by:EC IPP Rev:D as per dwg revC DD 10.08.18 verified by:EC IPP Rev:E 11.01.17 chg qc5 to 6 DD verf:EC

Ship Via:

## Bill of Materials

## Job Routing

| Op No         | Operation                   | Qty   | Start Date | Due Date | Standard  |                       | Workcenter/Supplier   |           | Sign-off |
|---------------|-----------------------------|-------|------------|----------|-----------|-----------------------|-----------------------|-----------|----------|
|               |                             |       |            |          | Setup Hrs | Run Hrs               | Workcenter / Supplier | Lead Time |          |
| 100           | Large Fab - Basket - 1      | 6 pcs | 2/15/19    | 0.00     | 0.71      | Large Fab - 1         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 10        |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 2         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 3         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 4         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 5         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 6         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 7         |                       |           |          |
|               |                             |       |            |          |           | Large Fab - 8         |                       | MAC       |          |
| Large Fab - 9 |                             |       |            |          |           |                       |                       |           |          |
| 110           | QC 5                        | 6 pcs | 2/15/19    | 0.00     | 0.00      | QC 5 - 10             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 12             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 17             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 18             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 19             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 22             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 24             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 3              |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 38             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 42             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 43             |                       | SD        |          |
|               |                             |       |            |          |           | QC 5 - 49             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 51             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 58             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 68             |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 9              |                       |           |          |
|               |                             |       |            |          |           | QC 5 - 50             |                       |           |          |
| QC 5 - 30     |                             |       |            |          |           |                       |                       |           |          |
| 120           | Packaging 3-1 - Stock - B4B | 6 pcs | 2/15/19    | 0.00     | 0.00      | Packaging 3 - 1 - B4B |                       |           |          |

|                        |           |
|------------------------|-----------|
| Packaging 3 - 2 - B4B  |           |
| Packaging 3 - 3 - B4B  |           |
| Packaging 3 - 4 - B4B  |           |
| Packaging 3 - 5 - B4B  |           |
| Packaging 3 - 6 - B4B  |           |
| Packaging 3 - 7 - B4B  |           |
| Packaging 3 - 8 - B4B  |           |
| Packaging 3 - 9 - B4B  |           |
| Packaging 3 - 10 - B4B |           |
| Packaging 3 - 11 - B4B |           |
| Packaging 3 - 12 - B4B |           |
| Packaging 3 - 13 - B4B |           |
| Packaging 3 - 14 - B4B |           |
| Packaging 3 - 15 - B4B |           |
| Packaging 3 - 16 - B4B |           |
| Packaging 3 - 17 - B4B |           |
| Packaging 3 - 18 - B4B |           |
| Packaging 3 - 19 - B4B | <i>AS</i> |
| Packaging 3 - 20 - B4B |           |
| Packaging 3 - 21 - B4B |           |
| Packaging 3 - 22 - B4B |           |
| Packaging 3 - 23 - B4B |           |
| Packaging 3 - 24 - B4B |           |
| Packaging 3 - 25 - B4B |           |
| Packaging 3 - 26 - B4B |           |
| Packaging 3 - 27 - B4B |           |
| Packaging 3 - 28 - B4B |           |
| Packaging 3 - 29 - B4B |           |
| Packaging 3 - 30 - B4B |           |
| Packaging 3 - 31 - B4B |           |
| Packaging 3 - 32 - B4B |           |
| Packaging 3 - 33 - B4B |           |
| Packaging 3 - 34 - B4B |           |
| Packaging 3 - 35 - B4B |           |

|                |       |         |           |                 |                   |             |
|----------------|-------|---------|-----------|-----------------|-------------------|-------------|
| 130 QC 21 - SA | 6 pcs | 2/15/19 | 0.00 0.00 | QC 21 - SA - 21 | DAS<br>21<br>9-89 | FEB 11 2019 |
|                |       |         |           | QC 21 - SA - 70 |                   |             |

Part Op 100 - (Fabricate per Drwg)  
 Descriptions: 120 - (Identify as per dwg & Stock Location: \_\_\_\_\_)  
 130 - (QC21- Final Inspection - Work Order Release)

### Job BOM

| Part / Item      | Component Name | Quantity                | Operation                  | Container      |
|------------------|----------------|-------------------------|----------------------------|----------------|
| M304TS0.500W.049 | Square Tubing  | 13.6900 ft (2.28166 ea) | 100-Large Fab - Basket - 1 | <i>5145963</i> |

### Job Allocations

| Operation                  | Component Part   | Required | Inventory | Allocated |
|----------------------------|------------------|----------|-----------|-----------|
| 100-Large Fab - Basket - 1 | M304TS0.500W.049 | 14       | 183       | 0         |



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 CANADA  
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 Email: sales@dartaero.com  
 www.dartaerospace.com

Container No: S150532



Part: D4017-9  
 Job No: 189025  
 Serial No/Batch: S150532

Revision:  
 Inspector:  
 Exp Date:  
 Instructions: Various STC's

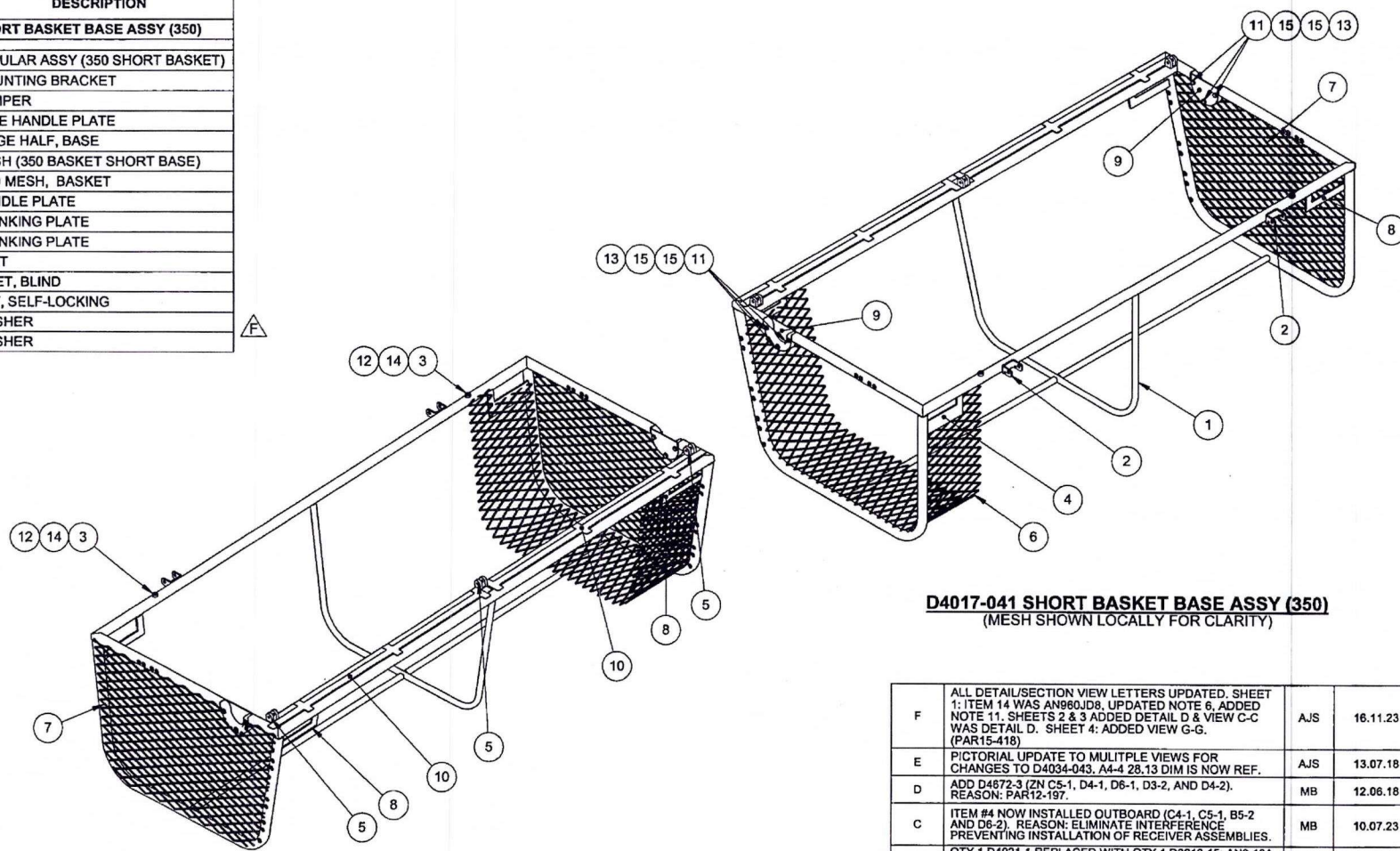
Date: 02/04/19

ind.

Plex 1/17/19 1:04 PM Dart.Macdonald.Dara



| ITEM | QTY<br>-041 | P/N           | DESCRIPTION                     |
|------|-------------|---------------|---------------------------------|
|      | X           | D4017-041     | SHORT BASKET BASE ASSY (350)    |
| 1    | 1           | D4017-101     | TUBULAR ASSY (350 SHORT BASKET) |
| 2    | 2           | D2581         | MOUNTING BRACKET                |
| 3    | 2           | D2931         | BUMPER                          |
| 4    | 1           | D3913-15      | WIDE HANDLE PLATE               |
| 5    | 3           | D4016-1       | HINGE HALF, BASE                |
| 6    | 1           | D4020-3       | MESH (350 BASKET SHORT BASE)    |
| 7    | 2           | D4020-11      | END MESH, BASKET                |
| 8    | 3           | D4021-1       | HANDLE PLATE                    |
| 9    | 2           | D4021-5       | BLANKING PLATE                  |
| 10   | 2           | D4672-3       | BLANKING PLATE                  |
| 11   | 6           | AN3-10A       | BOLT                            |
| 12   | 2           | MS20600AD4W3  | RIVET, BLIND                    |
| 13   | 6           | MS21042L3     | NUT, SELF-LOCKING               |
| 14   | 2           | NAS1149FN832P | WASHER                          |
| 15   | 12          | NAS1149F0332P | WASHER                          |



**D4017-041 SHORT BASKET BASE ASSY (350)**  
(MESH SHOWN LOCALLY FOR CLARITY)

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: POWDER COAT WHITE (4.3.5.2) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: SCRIBE DART P/N AND B/N USING 0.13 (MINIMUM) HIGH LETTERING PER QSI 044 6.4
- 7) WEIGHT: 30.0 lbs APPROX
- 8) INSTALL AFTER FINISH
- 9) MASK HOLES PRIOR TO POWDER COAT
- 10) WELD PER DART QSI 004
- 11) MASK THIS AREA PRIOR TO FINISH

| F          | ALL DETAIL/SECTION VIEW LETTERS UPDATED. SHEET 1: ITEM 14 WAS AN980JD8, UPDATED NOTE 6, ADDED NOTE 11. SHEETS 2 & 3 ADDED DETAIL D & VIEW C-C (PAR15-418).                          | AJS | 16.11.23 |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| E          | PICTORIAL UPDATE TO MULTIPLE VIEWS FOR CHANGES TO D4034-043. A4-4 28.13 DIM IS NOW REF.                                                                                             | AJS | 13.07.18 |
| D          | ADD D4672-3 (ZN C5-1, D4-1, D6-1, D3-2, AND D4-2). REASON: PAR12-197.                                                                                                               | MB  | 12.06.18 |
| C          | ITEM #4 NOW INSTALLED OUTBOARD (C4-1, C5-1, B5-2 AND D6-2). REASON: ELIMINATE INTERFERENCE PREVENTING INSTALLATION OF RECEIVER ASSEMBLIES.                                          | MB  | 10.07.23 |
| B          | QTY 1 D4021-1 REPLACED WITH QTY 1 D3913-15; AN3-10A BOLT WAS AN3C10A; NAS1149F0332P WASHER WAS NAS1149C0332P; SECTION F-F UPDATED (D6-2); ITEMS RENUMBERED; DETAIL D UPDATED (A4-3) | JPH | 10.03.25 |
| A          | NEW ISSUE                                                                                                                                                                           | AJS | 10.03.04 |
| REV.       | DESCRIPTION                                                                                                                                                                         | BY  | DATE     |
| DESIGN     | AJS                                                                                                                                                                                 |     |          |
| DRAWN      | AJS                                                                                                                                                                                 |     |          |
| CHECKED    | JMH                                                                                                                                                                                 |     |          |
| MFG. APPR. | DD                                                                                                                                                                                  |     |          |
| APPROVED   | WM                                                                                                                                                                                  |     |          |
| DE APPR.   | DS                                                                                                                                                                                  |     |          |
| DATE       | 16.11.23                                                                                                                                                                            |     |          |

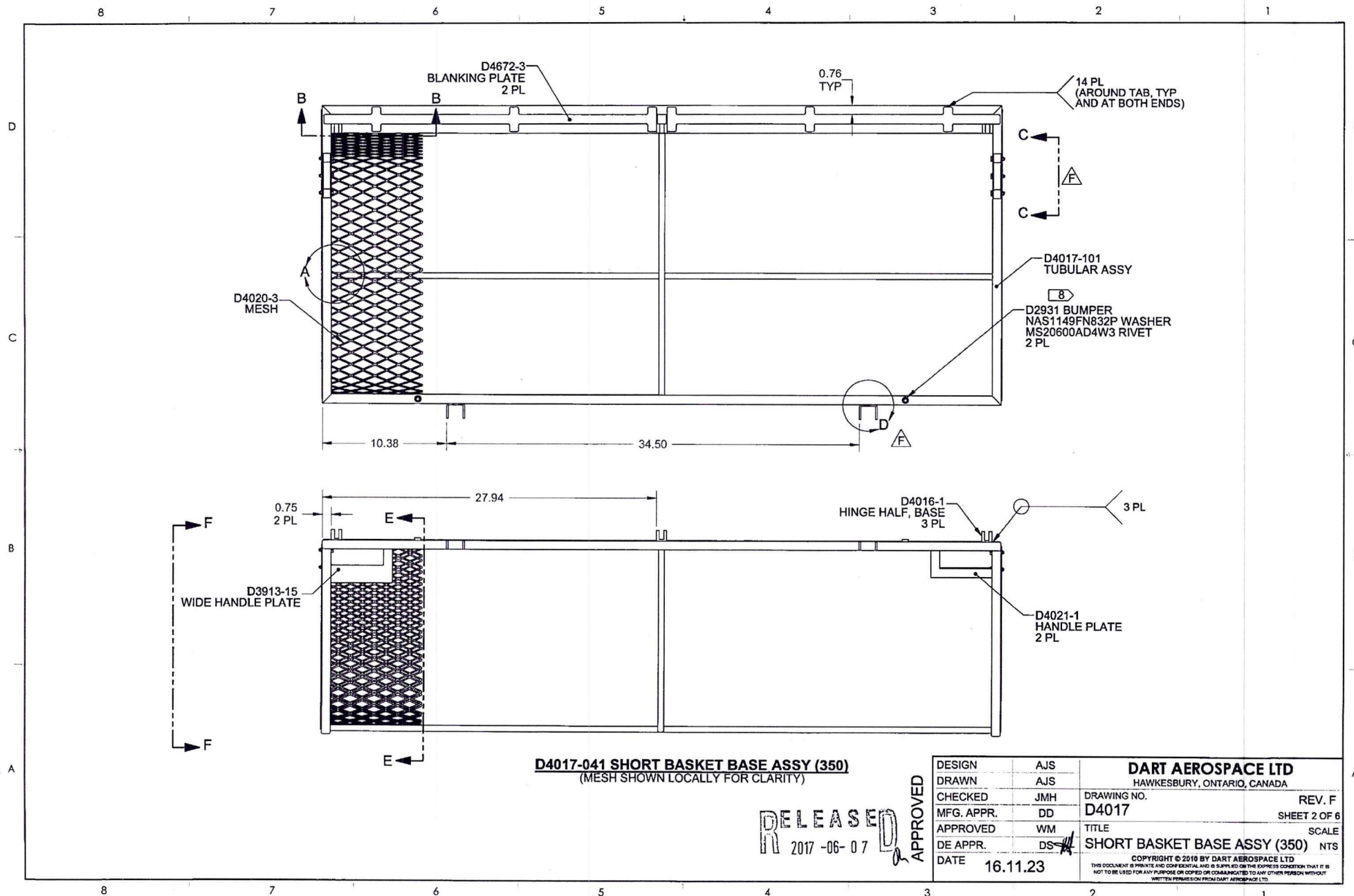
**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

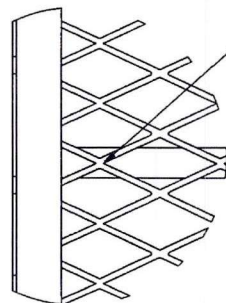
DRAWING NO. **D4017** REV. F  
SHEET 1 OF 6  
TITLE **SHORT BASKET BASE ASSY (350)** SCALE NTS

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RELEASED  
2017-06-07  
Ecn 17-S80

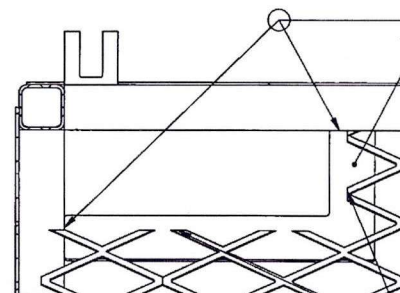
APPROVED





TACK WELD MESH  
AT EVERY AVAILABLE  
LOCATION

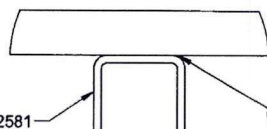
**DETAIL A**  
SCALE 2X



D4021-1  
HANDLE PLATE

**SECTION B-B**  
TYPICAL FOR ALL  
HANDLE PLATES

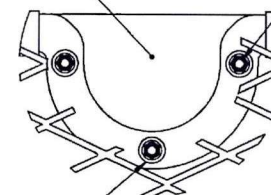
TACK WELD MESH  
AT EVERY AVAILABLE  
LOCATION



D2581  
MOUNTING BRACKET

**DETAIL D**   
2 PL

 D4021-5  
BLANKING PLATE



 AN3-10A BOLT  
NAS1149F0332P WASHER, QTY (2)  
MS21042L3 NUT  
3 PL

TRIM MESH LOCALLY  
0.50 - 0.60  
TO CLEAR FASTENERS

**VIEW C-C**  
2 PL

RELEASED  
2017-06-07

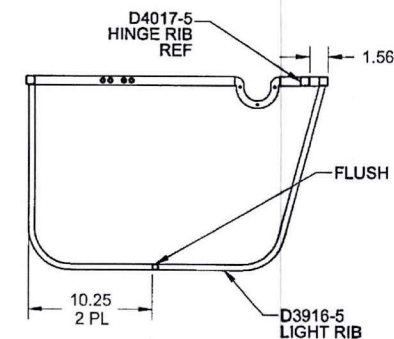
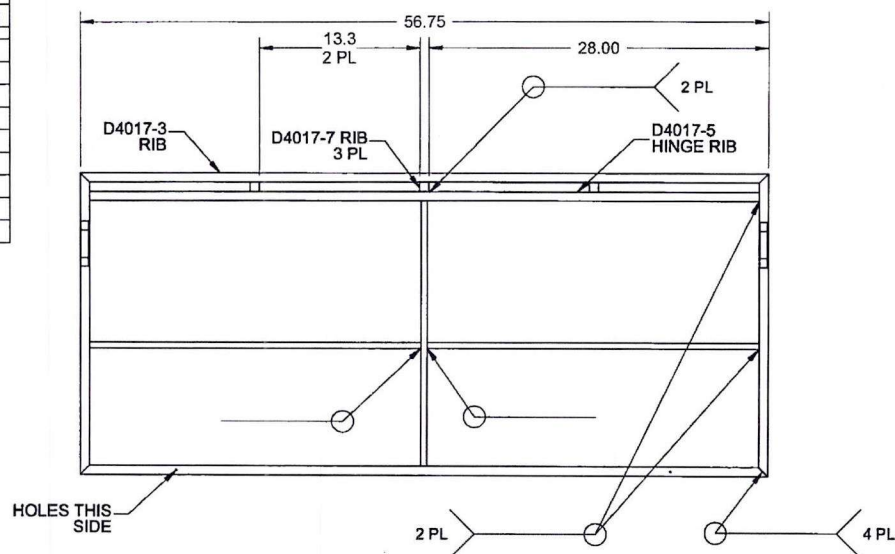
APPROVED  


|            |          |                                                                                                                                                                                                                                                                                                  |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS      | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                         |              |
| DRAWN      | AJS      |                                                                                                                                                                                                                                                                                                  |              |
| CHECKED    | JMH      | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. F       |
| MFG. APPR. | DD       | <b>D4017</b>                                                                                                                                                                                                                                                                                     | SHEET 3 OF 6 |
| APPROVED   | WM       | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | DS       | <b>SHORT BASKET BASE ASSY (350)</b>                                                                                                                                                                                                                                                              | NTS          |
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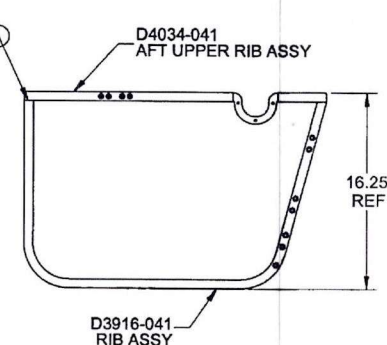
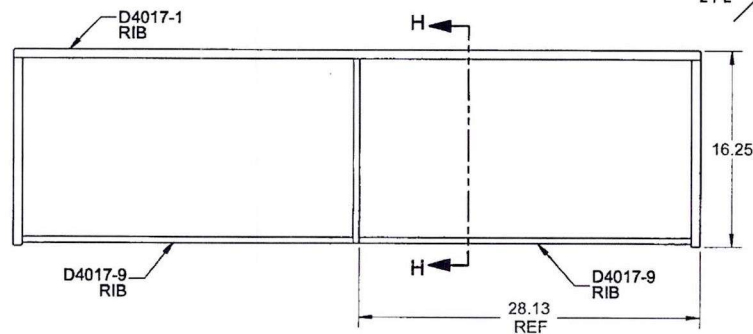
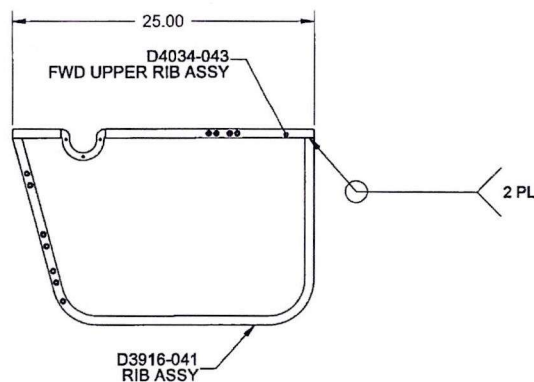




| ITEM | QTY<br>-101 | P/N       | DESCRIPTION                     |
|------|-------------|-----------|---------------------------------|
|      | X           | D4017-101 | TUBULAR ASSY (350 SHORT BASKET) |
| 1    | 1           | D4017-1   | RIB                             |
| 2    | 1           | D4017-3   | RIB                             |
| 3    | 1           | D4017-5   | HINGE RIB                       |
| 4    | 3           | D4017-7   | RIB                             |
| 5    | 2           | D4017-9   | RIB                             |
| 6    | 1           | D3916-5   | LIGHT RIB                       |
| 7    | 2           | D3916-041 | RIB ASSY                        |
| 8    | 1           | D4034-041 | AFT UPPER RIB ASSY              |
| 9    | 1           | D4034-043 | FWD UPPER RIB ASSY              |



**SECTION H-H**



**8 D4017-101 TUBULAR ASSY (350 SHORT BASKET)**

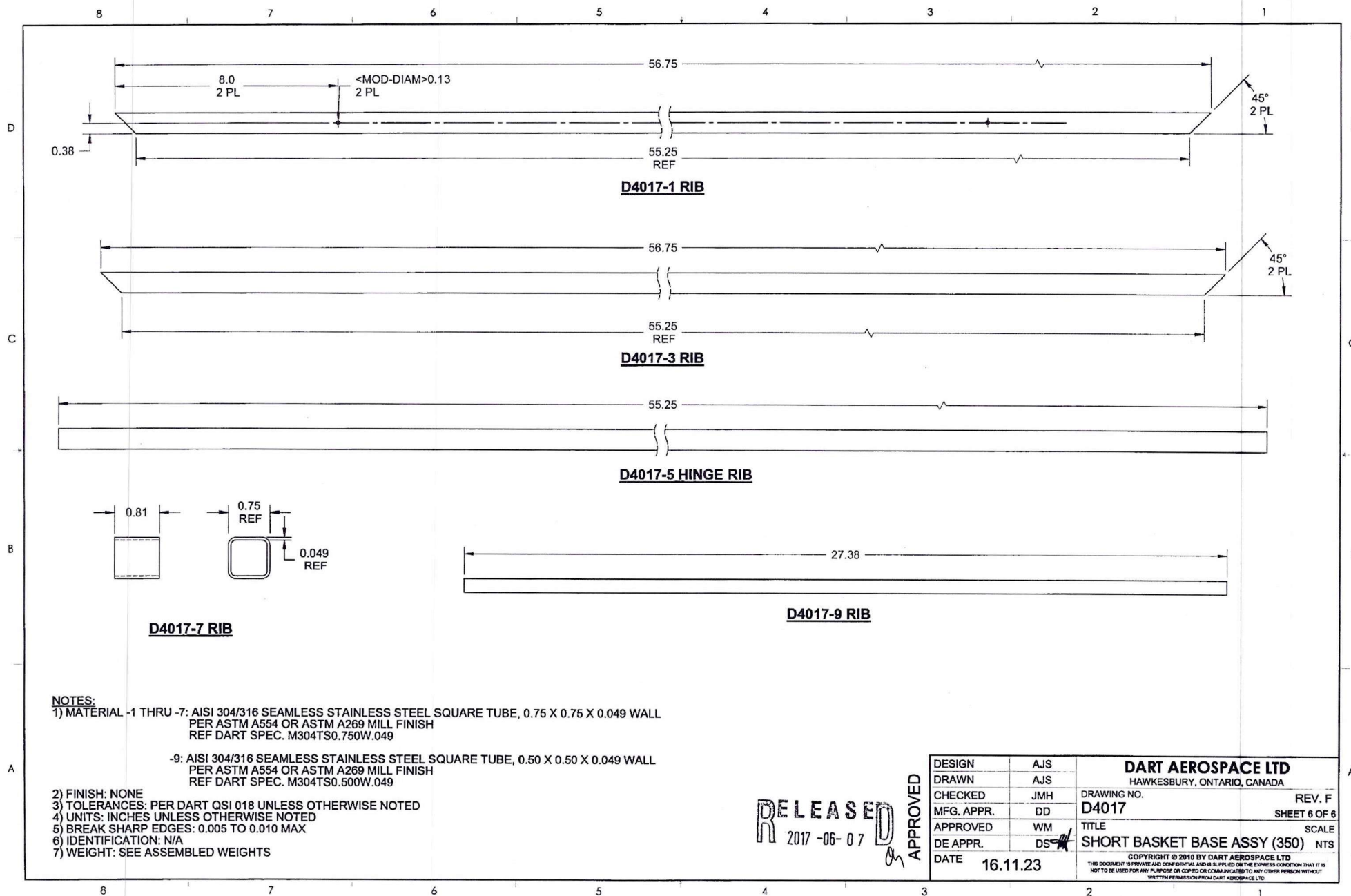
- NOTES:**  
 1) MATERIAL: N/A  
 2) FINISH: NONE  
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
 4) UNITS: INCHES UNLESS OTHERWISE NOTED  
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
 6) IDENTIFICATION: N/A  
 7) WEIGHT: 15.38 lbs  
 8) TOLERANCE FOR XX.XX DIMENSIONS 0.06 FOR D4017-101  
 9) WELD PER DART QSI 004

**RELEASED**  
 2017-06-07

**APPROVED**

|            |          |
|------------|----------|
| DESIGN     | AJS      |
| DRAWN      | AJS      |
| CHECKED    | JMH      |
| MFG. APPR. | DD       |
| APPROVED   | WM       |
| DE APPR.   | DS       |
| DATE       | 16.11.23 |

|                                                                                                                                                                                                                                                                          |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |                        |
| DRAWING NO.<br><b>D4017</b>                                                                                                                                                                                                                                              | REV. F<br>SHEET 5 OF 6 |
| TITLE<br><b>SHORT BASKET BASE ASSY (350)</b>                                                                                                                                                                                                                             | SCALE<br>NTS           |
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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------|------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------|--|
| <b>Job:</b> _____<br><b>Part No.</b> _____                                                                                                                                                                                                                                                                                                                                          |                                                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                              |                                                          | Sequence #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | QTY Affected :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                             |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Lead hand / Supervisor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                          | <b>FAULT CATEGORY</b><br><table border="0"><tr><td><input type="checkbox"/> Pressure/Forced</td><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr><tr><td><input type="checkbox"/> Bending</td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Tolerance</td></tr><tr><td><input type="checkbox"/> Crushing</td><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Grain Direction</td><td><input type="checkbox"/> Drawing</td></tr><tr><td><input type="checkbox"/> Cracks</td><td><input type="checkbox"/> Broken/Damage/Defect</td><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Finish</td></tr><tr><td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/> Incomplete/Unclear Instructions</td><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr><tr><td><input type="checkbox"/> Marks/Chatter</td><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Misread</td></tr><tr><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Off-set/Set-up</td><td></td></tr></table> |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Positioned Wrong  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Outside Tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Finish            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Part Lost/Missing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Misread           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Fit/Function                    | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |